

Foster Family Home - Corrective Action Report

Provider ID: 1-180087

Home Name: Karen Lim, NA

Review ID: 1-180087-3

94-331 Pupukupa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/6/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/6/19.

Corrective Action Report issued during home inspection with all items due to CTA 12/6/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No current APS/CAN for CG#1 and no current APS/CAN/Fingerprinting on CG#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- No current Tuberculosis clearance for CG#3.

41.(b)(8)- No current blood borne and control training for CG#3.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation for CG#2.

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Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted for Client #1 and Client #2.

Maikel Nakani re, Ku

Compliance Manager

11/6/19
Date

Karen Lim

Primary Care Giver

11/6/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Karen Orozco Lim

CCFFH Address: 94-331 Pupukupa St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	I obtained or made an appointment and got issued a current APS, CAN on December 17, 2019 for CG#1 and APS, CAN, Fingerprints for CG#3. Results/Determination were green light and placed documents in home binder.	12/05/19	Home understands the need to have on file the most current APS/CAN/Fingerprints in the record for all caregivers. I will make a reminder on my phone 3 weeks before the expiration date of each record. These will be maintained in all the records at all times.
41.(b)(7), (8)	Obtained or made an appointment on Dec. 2, 2019 for TB test and reading for CG#3. CG#3 has provided an updated blood borne pathogen and infection control training, CPR training and basic first aid. Documents were placed in home binder.	12/02/19	Home will request from SCG's an updated TB test, blood borne pathogen and CPR/First Aid one month prior to expiration. Will do reminder on phone. And will maintained in the records at all time.

Primary Caregiver's Signature: _____

Print Name: _____

Karen O. Lim

Date of Signature: _____

12/8/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Karen Orozco Lim

CCFFH Address: 94-331 Pupukupa St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(c)(3)	RN or Case Manager was able to delegate CG#2. Delegation checklist form was placed into the client's record.	11/18/19	Home understands that all CG's MUST be delegated upon admission of clients. These will be obtained in the records at all times.
54.(c)(5)	Made a doctors appointment for Client#1 and Client#2 and obtained an updated medication list. Updated RN for MAR.	11/26/19	Home will double check client medication with PCP and RN Case Manager upon client admission. Home will make sure that the 8 R's of medication administration will be implemented.

Primary Caregiver's Signature: *Karen*

Print Name: **Karen O. Lim**

Date of Signature: 12/8/19